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*Hints on Physical Education.* By JAMES H. STUART, M. D.

## No. 4. Conclusion.

MEN frequently display great want of forethought in their choice of a profession. Many a one, of delicate frame and moderate intellect, whose health would have been roughened and invigorated by the active life of a farmer, and whose abilities would have insured him the respect and secured him the love of his neighbors, has lamentably mistaken his calling. Kind friends, fearful of losing the "Genius" of the family among "rough clodhoppers;"—an anxious mother, afraid to allow her pet to suffer the *discomforts* of such a life, and unreflective of the greater hardships of a profession;—or, mayhap, his own misdirected ambition, have urged him on, and he has sought the ranks of learned men merely to languish out a few brief years of misery. Many such have perished even before completing their studies, particularly in our profession.

Others, evidently, from their robust persons and slender intellect, created for coal-heavers, wood-sawyers, porters, &c., have, equally misguided, foully cheated those serviceable avocations of their valuable assistance, warred with their destiny, pushed themselves into a profession, and helped to swell the number of those unmitigated blockheads whose **dummheft** brings Physic, Law, and even Divinity itself into disrepute. The professions have ruined many a noble laborer, scavenger, or boot-black. Love of Fame has much to answer for;—for

"Pitiful

"Indeed, and much against the grain, it dragged

"The stagnant, dull, predestinated fool

"Through learning's halls, and made him labor much

"Abortively, though sometimes not unpraised

"He left the sage's chair and home returned,

"Making his simple mother think that she

"Had borne a man."

Our profession seems to be peculiarly complimented by the favor of this class of gentry. The *Cacæthes Medendi* is tremendous. Per-

haps the gratitude of Leigh Hunt, who, in the preface to his Autobiography, thanks "two members of a profession, (medicine) which literature has always reason to thank and to love,"—an observation true enough,—has something to do with the popular proclivity toward healing. Be this so or not, an opinion has, from some cause, very absurdly become prevalent that Medicine is quite an easy business to learn. Its intended votaries seem never to reflect on the vast ground it covers; the number of different branches, each in itself a complete science, embraced by it; and the amount of common sense, cool judgment, reflection, nerve, presence of mind, and prudence;—to say nothing of talents, courtesy, and true good breeding, required to make a good and distinguished physician. They do not reflect that, owing to the recent discoveries necessary to be known and kept pace with, it now requires an exceedingly retentive memory to make even a *médiocre* a medical man.

Is it not enough to extort an angry exclamation from the most patient, to witness men crowding into and out of our medical colleges every winter, who, so far from possessing a liberal education, cannot even write a line without some orthographical or grammatical blunder, or even speak a sentence without an etymological one? We "speak what we do *know*" and testify to what we have seen" in all these accusations. As a very mild instance of the last, let us here quote a true anecdote, published in the October No. of the Knickerbocker Magazine. "A medical gentleman having, by dint of hard struggling, achieved his diploma from the board of examiners of one of the largest medical colleges, was enjoying the smiles of beauty in return therefor. One of the ladies kindly remarked to him, 'So, Doctor, you've passed the Rubicon?' 'Yes ma'am,' answered he, modestly struggling with triumph in his countenance, 'I passed them!'" Comment is unnecessary. "*Ne sutor ultra crepidam*" is surely a motto as applicable now as ever. By the way, is the *Scotch* 'souter' derived from or merely analogous with the Latin 'sutor'?

For some men the title of M. D. is sufficient. They do not care to *deserve* it, and would be as well pleased with any other title that *cost* as much; (for to the vulgar, money expended is a true index of value,—as shown by the operations of most of our parvenus in large cities.) Some wish a parchment wherewith to "astonish their acquaintances." And verily they succeed. Their acquaintances *are* astonished to see persons be-doctored, whom they well know to be ignorant of the rudiments of an English education. They remind us of the old story of a *theological* examination. Question. "Quod est creare?" Answer, "Creare est facere aliquid ex *nihil*." Rejoinder. "*Ergo creamus te Doctorem.*" The

facility with which some of our colleges now grant diplomas is amazing, and sad it will be for our country should this state of affairs continue long. But, as if the *regular* quacks were not sufficient, we have the whole vast train of irregulars,—Homeopaths, Thompsonians, Herb doctors, venders of patent medicines, etc., etc., ad infinitum,—“*usque ad nauseum*,” who annually fleece the community of tens of thousands! And the more absurd their pretensions, the more successful they appear. It almost seems that the public esteem a quack in direct ratio with his ignorance. Every impudent Homeopathist who christens the Colic by the formidable name of Cholera Asiatica, and does nothing, with a solemn air, till it passes off, (or till the relatives relieve it by warm applications, &c.) is lauded to the skies; and the worse the disease had become from neglect, the more is he praised, should the patient survive. Should he not;—no matter. “It is the lot of all to die”!!

The Lawyers are protected from such companionship. None can enter *their* ranks, but legally. True, there are thousands of blockheads among them, but they cannot complain. All was done “according to law.” They were *fairly* examined, and if the examining committee were too stupid, lazy, or good-natured to detect their ignorance and incompetency, it is nobody’s business but their own. Means should be promptly taken by the American Medical Association to protect medical men. If persons are *prepared* to practice medicine, they are surely prepared to pass an examination by impartial, qualified, and *disinterested* committees in each State. But this is a very long digression, and we have already enlarged upon the subject in a previous number.

To return to Physical Education. A brief summary will express all our views on this important subject. It need not be objected against any of the propositions that they are impracticable by the poor; for low indeed must that family be which cannot command *all* the conveniences requisite! Persons too poor for that are too poor to pay attention to *any* system of education. Let the infant be daily washed with water, beginning at the temperature of about 100° Fahrenheit, and gradually increasing in coldness until at eighteen months or two years it will be found that he can bear ordinary river or pump water with impunity at any season. Let him meanwhile be treated in other respects according to the excellent maxims of Dewees, Condie, etc. At about six years of age, should his health then be moderately good, let him commence in early summer, sleeping with his windows up, and continue to do so thenceforward. Let his couch be a mattress or other hard bed, and let him be as lightly covered as safety and *comfort* permit. When he commences going to

school, which should not be until his seventh or eighth year, (for earlier, he would, if bright, injure himself to *excel*, if dull, to *equal* his school-mates,) see that his bench has a back, and is sufficiently low to let his feet touch the ground, and that his desk is as high as the middle of his breast. Do not force him to study too long at a time; *he* will see that he does not hurt himself by application while he is at it. (Or rather no study *can* be too hard if not prolonged too far.) Do not control his *reasonable* inclinations, but let him drink *no* Coffee, Tea, or liquor; neither use Tobacco in any form. Let him early be taught to walk well, run, leap, wrestle, spar, fence, climb, ride, row, and swim. He should be instructed in fishing, pistol shooting, and gunning, if leisure and means for these amusements are at his disposal; and, when old enough, permitted to indulge himself with them as often as he pleases, save in study or work hours. If this is persevered in for a score of years, you will have a *man* such as very few men are now-a-days. His taste and abilities should be consulted about the choice of a common or classical education, and a profession. When he grows up he will then have a business he likes, and devote himself energetically to it, with the prospect of becoming distinguished therein; which no man can be unless he is fond of his occupation. His habits will be founded, and he will be frugal, temperate, hardy, active, and strong.

Girls should be treated on the same plan, with due allowance for the difference of constitutional strength, and the destinies of their sex. But even they should not be exempted from learning to swim and ride.

If these, or similar principles were carried out, for say half a dozen generations, what a difference would be presented in the appearance of our population! Exquisites and "*fine ladies*" would no more be seen. All portions of the community would be useful. Valetudinarians would vanish, for chronic diseases would expire with their last possessors. It would take some time to eradicate hereditary taints of constitution, but we firmly believe they would *ultimately* become extinct, and the world soon present a race of firm, healthy men and women.

"For buirdly chiels an' clever hizzies

"Are bred in sic a way as this is."

Our profession would then rise in the public estimation. For, the race of Hypochondriacs and "nervous" people being extinct, and the *deluded* consequently wanting, the *deluders* would die of inanition. Thomsonians would no more kill men *actively* by doses of Red Pepper for gastro enteritis—we "*speak that we do know,*" nor Homeopathsists *passively* by letting them die of neglect, (which also we "*do know.*") Hy-

dropathists would cease from their murders, and patent medicines, ignorant pretenders, and quacks generally would disappear. Medicine would reach its golden age without the prospect of a brazen one to follow. For, people having once experienced the blessings of health, would take judicious means to continue healthy. The few acute diseases remaining would be easily treated in healthy constitutions. Longevity would increase, and without risk of an over-population; for such a course of training would so subdue the aphrodisiac sense as to reduce the number of conceptions to the proper standard, and thus almost meet Mathers' views without his measures.

We firmly believe that such a time will finally arrive, but only when physicians become sufficiently disinterested to advise and insist on the exercise of common sense. True, it is easier to permit obstinate people to err than to take pains to set them right. Every physician has experienced this. Yet, let us rejoice in knowing that eventually

"Truth crushed to earth shall rise again;

"The eternal years of God are hers;

"But Error, wounded, writhes in pain,

"And dies among its worshippers."

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*Remarks on an Obscure Form of Acute Pleuritis..*

By CHARLES HASBROUCK, M. D.

The diagnosis of acute pleuritis and pneumonia, is usually represented to be an easy matter; and, except in cases of intercurrent pneumonia, the location and kind of pain, the difficult respiration, cough, character of the expectoration, &c., are, generally speaking, abundantly sufficient to remove all doubt as to the seat and nature of the attack. Unfortunately, however, cases occasionally occur attended with unusual symptoms, or rather in which the usual diagnostics of these diseases are entirely absent, or in which the pain, if present, is referred to parts remote from the chest, and thus tends to distract the attention from the real point of attack. Judging from my own observation, cases of this character are of by no means unfrequent occurrence; and it seems to me, that by directing attention to this fact, you will confer a favor upon the younger members of the profession, and perhaps upon such of the elder brethren as affect to sneer at the value of auscultation, as a means of correct diagnosis.

The following case occurred in the early part of my practice, and I am anxious that others may be spared, if possible, the mortification and pain of similar errors.

CASE I.—Mrs. E—— K——, aged about 30 years, of a constitution naturally delicate, and still farther impaired by an almost constant condition of pregnancy or lactation, was confined with her fourth child in the latter part of July, 1841. On the 7th of August, while she was yet confined to her room, she was taken suddenly with violent pain in the right iliac region, extending along the course of the ureter to the lower part of the loins. The pain was constant, very severe, and rather increased by a full inspiration. It was accompanied with a chill, followed by moderate febrile excitement, the pulse being not very frequent, but full and rather incompressible. There was no cough, nor, excepting the pain being aggravated by a moderately full inspiration, any other of the so called rational symptoms of disease within the chest. Indeed, the seat of the pain in connection with the puerperal condition of the patient, rather pointed to the uterus or ovary as the organ at fault; and I did not become aware of the real nature of the attack, until the respiration became impeded, and life seriously endangered by effusion in the pleural cavity.

This patient fortunately recovered after a tedious illness, by persevering in the plan of treatment suggested by the late Dr. Hope, viz: mercury to salivation, repeated blisters, with nourishing diet, the alterative tonics, as Iodine, &c.

Since the above case first directed my attention to these anomalous forms of the disease, many similar but more fortunate ones have occurred in my practice, in which the ear readily detected a pleuritis, or a pneumonia, in the absence of all, or nearly all, the rational symptoms of its presence. It is seldom however, that a case presents itself, so completely masked and obscure, as the following, viz:

CASE II.—July 8th, 1852, at 8 o'clock, A. M. I was called to see Gilliam R. Bogert, aged about 60 years, who was awakened at midnight with violent pain in the right iliac region, or rather over the ureter. On the day previous, he had drank two glasses of root beer, and towards evening had some colicky pains in the abdomen. This pain, which he attributed to the beer, was soon relieved by an evacuation from his bowels, and after eating a hearty supper, he went to bed, as he supposed, perfectly well. He had no chills before nor after this midnight attack; his pulse was natural in frequency, but was full, hard, and quick; skin natural, tongue clean, no thirst, nor any sign of fever. The pain was referred to the space between the crest of the ilium and the floating ribs, was constant with short periods of very slight remission, and rather aggravated by lying on the sound side. Indeed when I entered the room, the patient was walking the floor with his body bent forward and to the



affected side, keeping his hands pressed upon the seat of the pain, and groaning with intense suffering. There was no pain in his shoulder, no tenderness, no cough, no difficulty of breathing, no "catching" pain even on a very deep inspiration, no difficulty in flexing his thigh on the pelvis, no retraction of the testicle; but his stomach and bladder were rather irritable, having vomited and retched occasionally, and having passed his urine three times in as many hours.

I was at a loss what to make of this assemblage of symptoms. The entire-absence of cough and other evidence of chest disease, led me not to suspect any difficulty there, so that I did not even think of applying my ear to his chest. The seat and character of the pain, with the absence of tympany satisfied me that it was not colic; while the irritable stomach and bladder, the suddenness of the attack, and its extreme severity, seemed rather to indicate that a "gravel" was probably impacted in its passage to the bladder. At all events, I could make nothing else out of it, and accordingly began the treatment under the impression that such was the real condition of things.

Having placed my patient upright in a chair, I bled him to approaching syncope. This required 18 ounces of blood drawn in a full stream, and was followed by immediate and almost entire relief. I then administered a quarter of a grain of Morphine, to be repeated every hour or two as might be necessary, with four grains of Calomel every three hours until twelve grains were taken, to be followed by castor oil. I also ordered fomentations to be constantly applied, and a warm hip bath in case the pain again became severe. The blood drawn from the arm *was considerably buffed*.

At 9 o'clock, P. M., I found the patient much relieved, but the pain was still so severe as to prevent sleep. Had taken a grain and a half of Morphine. The warm bath had thrown him into a profuse sweat.—Bowels not moved; pulse 96 in a minute, full; skin warm, tongue very thinly coated, no tenderness, no cough, breathing natural. I directed an enema of salt and water. Fomentations to be continued, and also the Morphine if necessary.

July 9th, 11 o'clock, A. M. Patient has more fever. Bowels have moved freely; pain still troublesome, but not severe; no tenderness; stomach and bladder no longer exhibit any signs of irritability; tongue more thickly coated; pulse 108, full, hard, and quick; skin hot, but moist; no cough, nor frequency of breathing; pain not aggravated by deep inspiration. Not satisfied with my diagnosis, I was prepared to expect the development of some local inflammatory lesion; and to be

positively certain that it did not involve the lung or pleura, rather than with any expectation of finding it there,—I made a careful exploration of his chest. On percussion I detected rather more dullness than natural, over the lower portion of the right lung, as the patient was sitting in bed, and on passing my ear over the part, I was surprised to find unequivocal evidences of inflammation there. The respiratory murmur was feeble, almost entirely suppressed, and over a surface as large as my hand, there was distinct crepitant rattle during each inspiration. In short, I had before me a case of pleuritis, which had already extended to the lung, and resulted in slight effusion in the chest, without cough or the least difficulty or frequency of breathing, and without the very usual "catching" pain, even on making as deep an inspiration as the patient was capable of.

I immediately bled the patient, again to the extent of 18 ounces, with entire and permanent relief from the pain. The blood still exhibited the buffy coat. The bleeding was followed by one-sixth of a grain of Tartar Emetic and a drachm of Sulph. Magne., every four hours, with one of the following powders two hours after each dose, viz :

R. Pulv. Opii, gr. vi.

Hyd : Chlorid : Mit : gr. xvi.

Ant : et Potass : Tart : gr. ii.

℞. ft. divid. in pulv. No. viij :

July 10th. No pain; pulse 88; skin moist; no cough; crepitant rattle heard over less surface, its place being supplied by the feeble vesicular murmur. Omit the Tartar Emetic and Salts. Continue the powders at intervals of six or eight hours.

July 11th. Dysenteric symptoms setting in; discharges every four hours, of mucus and flakes of lymph mixed with blood; tenesmus. The physical evidences of pleuro-pneumonia becoming less. Omit the powders. Take one of the following powders after every discharge from the bowels, viz :

R. Pulv. Opii.

" Ipecac,

" Acet. plumbi aa gr. viij.

℞. ft pulv. No. viii.

It is unnecessary to follow the notes of this case any farther. From this time he rapidly convalesced, and on the 14th I discontinued my visits.

The history of these obscure attacks, so far as I have observed them, is generally as follows. The patient usually is suffering from an attack of "common cold;" that is, he coughs some, and feels chilly and unwell, but is not sufficiently indisposed to confine him from his ordinary busi-



ness. While in this condition—or perhaps without any previous indisposition—he is suddenly taken with violent pain, (if the pleura be involved) accompanied with chills, but generally no distinct ague. The pain is usually referred to the iliac region, sometimes to the lower portion of the loins, and in rare cases, even to the hypogastrium, and is generally aggravated by a full inspiration. Sometimes indeed, the pain interferes with ordinary respiration, each inspiration being attended with catching pain. At other times, as in the above case, respiration is entirely unaffected. Cough, if present, is usually less than before the pain was felt. The febrile reaction is generally moderate; occasionally, as violent as in an ordinary attack of pleurisy. Besides the pain interfering somewhat with the full expansion of the chest, there is usually nothing in the rational symptoms to lead the inexperienced practitioner to suspect any mischief there; and perhaps the persistence of the fever, and the general unsatisfactory progress of the case, will first induce him to auscult the chest, when feeble respiration, or an entire absence of the respiratory murmur, with dullness on percussion and perhaps egophony, will warn him that he has a pleuritis with effusion to contend with; or small crepitation, or even a total suppression of all vesicular sounds, with bronchial respiration, &c., may awaken him to the fact, that the lung itself is seriously, perhaps fatally, involved.

If the pleura be not involved in the attack, the case is rendered, if possible, still more obscure. Then no pain is complained of, and the patient will appear to be laboring under a simple febrile attack, without any apparent local disease, and nothing but a careful physical exploration of the chest, will enable the practitioner to arrive at a correct diagnosis. The following may be taken as a fair example of this class of cases.

CASE III.—Mr. H—— Z——, nearly 70 years old, of good constitution and robust health, was exposed and got wet, in a storm in the last week of November, 1851. A day or two after, he was taken with headache, pain and stiffness of his extremities and back, chilliness, lassitude, &c., followed by fever, hot skin, thirst, &c. I first saw him on the second of December, three or four days after the attack. He was confined to his bed with moderate fever, his pulse beating from 75 to 80 times in a minute. His principal, and almost only complaint was of headache. His tongue was slightly coated; bowels had been freely moved by Epsom Salts. He had no difficulty in lying in any position; his breathing was natural, and upon *particular inquiry*, I could not ascertain that he had had any cough. Indeed there did not appear to be any particular local mischief, but simply a general feverishness, which I attribu-

ted to exposure and suppressed perspiration. Accordingly, I prescribed warm pediluvia and warm drinks, with nitre, antimony, &c., with a view to equalizing the circulation, and promoting the cutaneous excretion. But my patient did not improve, when on the fifth day of the treatment, as I was sitting by his bed, he gave a short dry cough that arrested my attention. On inquiry, I then learned that he had coughed, "*three or four times*" during the preceding day, but not before that, that the family had heard. He had no pain, no shortness of breathing, but from the unsatisfactory result of the treatment, I suspected that there must be some lesion which I had not yet detected. I now sat my patient upright in bed, and carefully examined his chest, and in the lower portion of his right lung I found unequivocal evidence of pneumonia, still in its first stage. The respiratory murmur was partially suppressed, and distinct crepitant rattle existed in a part of the lung, about three or four inches in diameter. There was no perceptible dullness on percussion, but this, if I am not mistaken in my observation, is not unusual in the pneumonia of the aged.

I immediately established counter-irritation over the seat of the disease, and prescribed Tartar Emetic in solution with the Muriate of Ammonia, with the most prompt and happy effect. The patient rapidly recovered.

In certain states of the system, and in some forms and stages of the inflammatory affections of the air passages, it (the muriate of ammonia,) is one of the most admirable alteratives we possess, and one that is entirely too much neglected by the majority of American practitioners.

SCHRAALENBURGH, N. J., Nov. 1852.

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*Case of Hepatic Abscess.* By GEORGE P. REX, M. D.

W. F. C., æt. 52, a hard working industrious farmer, of temperate habits, had never been sick until Saturday evening, April 17, 1852, when he was seized with a violent pain in the right hypochondriac and epigastric regions. I found him lying upon his abdomen, pain violent, pulse 85 and soft, skin moist, and tongue slightly furred. I supposed it to be a case of bilious colic, and prescribed R. Calomel gr. xij, Sulp. Morph. gr. j in Ch. iv. one every three hours, and a teaspoonful of Solut. Sulp. Morph. every hour until the pain was relieved; sinapism to the epigastrium, hot pediluvium.

April 18th.—Has passed a comfortable night; free from pain; tenderness at the epigastrium and tympanitis. As the bowels had not been

opened, I prescribed Ol. Ricini f 3j. Ol. Tereb. f 5j. to be repeated in six hours if it did not operate:—19th, oil has operated twice, and reduced the tympanitis; pulse 82, skin dry, anorexia, complains of a salt taste, even cold water, as he says, tastes like brine: prescribed Cal. gr. iv. Ipecac. gr. j. in Ch. iv. one every four hours:—20th, improving, continued the treatment:—22d, relaxed condition of his bowels, has had several clay colored stools; prescribed Cal. Opii aa gr. iv in Ch. iv., one every three hours:—23d, bowels improved; has had three evacuations, no change in color, continued Cal. and Opii.

24th.—Has had three evacuations; was informed that the color was changed, being more natural; did not see the evacuations; continued Cal. and Opii. 25th, *Bowels improved*; one evacuation since my last visit; nurse says improved in color; continued treatment. 26th, Bowels quiet, tongue cleaning, complains of weakness and intense saline taste, which has been the case throughout his sickness; prescribed Infus. Gent. and Serpentina. 27th, Bowels more relaxed, slight pain in the abdomen, prescribed Mass. Pil. Hyd. gr. iv. Opii. gr. j in Pil. iv. one every four hours. 28th, improving; continued treatment.

29th and 30th,—continued to improve, appetite good, bowels natural, tongue clean, pulse 75. Complains of weakness and the saline taste, with these exceptions he says he feels well; is up and about his chamber; discharged the patient as convalescent.

In passing his house on May 6th, I saw him out, feeding his pigs; he said he felt well, except some weakness; the saline taste had slightly diminished, his appetite was good, and he said he felt as if he would soon be able to plough. His pulse 75, tongue natural, countenance good, and I said to him he would soon be at his accustomed employment. He rode three or four miles that afternoon, in a carriage, paid a visit to a relative, and returned feeling stronger and better. On Friday, the 8th, I was sent for about noon, and learned the following particulars. On Wednesday evening the 6th, just before he retired to his bed, he gave a slight cough, and brought up some very fetid matter; he felt well at the time, and had not the least pain. It was supposed by the family that he had taken cold, which would soon pass over. He coughed several times through the night, and expectorated more of the fetid matter. The stench was so great, that the family were sickened by it. On Thursday morning the 7th, he did not feel as well as yesterday, yet he dressed himself and walked to a neighbor's, an eighth of a mile distant, and returned at noon, the cough and expectoration increasing. In the afternoon he felt weaker and kept his bed. When I saw him, about noon on Friday, he

was free from pain, felt perfectly well, appetite good, tongue clean, pulse 90 and small, was very weak, and still had the saline taste; the cough and expectoration had increased through the night and morning. The fetor from the expectorated pus was so unpleasant as to drive the attendants from the room. The room was at once fumigated with Chlorine and the smell removed. There was no physical sign of disease of the chest, I therefore diagnosticated an Hepatic Abscess, which was discharging the pus; prescribed free doses of Sulp. Quin., and small doses of Sul. Morp. good diet of chicken soup.

Saturday, 9th.—Has rested well, pulse small, 120, copious perspiration, feels weaker, cough and expectoration the same; continued treatment and added milk punch and brandy. In the afternoon, 5 o'clock, my friend Dr. Samuel Lilly of Lambertville, saw the patient in consultation with me. He coincided in my diagnosis and treatment, and was of the opinion that the abscess had pointed upwards, and perforated the diaphragm and parenchyma of the lungs, discharging through the bronchia. The patient continued to sink until noon the next day, when he expired. His appetite remained good; was conscious until death, and died from exhaustion. It is a safe estimate, that he expectorated from Wednesday night until Sunday noon, upwards of three pints of pus, clearly showing that the abscess must have involved the greater part of the structure of the Liver.

I regret that I was so much indisposed at the time, that I could not make a post-mortem examination. The case is interesting, from the fact, that such extensive organic disease of an important organ had been going on for some time, without any indication of it. A query also arises in my mind, whether the intense saline taste, may not be pathognomonic of this pathological condition, and I respectfully commend this particular point to the attention of the profession for future observation.

REAVILLE, N. J., October 26th, 1852.

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### *Inoculation with Decomposing Animal Matter.*

By C. H. CLEAVELAND, M. D.

About the twenty-fifth of February, 1850, while in the enjoyment of excellent health, I was asked by a neighbor to look at a valuable mare of his, which he thought must be dying, as she was very sick, and in an unusual manner. I at once stepped to his stable, and a moment's observation of the animal, led me to conclude she was on the point of foaling.

The owner and his hostler both denied the possibility of such being the fact, both because she had been in their possession during the year previous, and because she had menstruated regularly during the entire year, and had one of those turns only two or three weeks previously. I, however, chose to be guided by the advice of my former teacher, Professor Crosby, of Dartmouth College, who used frequently to tell his students, "In all things trust not too much to others, but see with your own eyes, feel with your own hands, and judge with your own judgment." Acting accordingly, I soon drew forth, a two-thirds grown colt, which had slightly commenced to decompose.

I gave directions for the proper care of the animal, and after but a very brief period, carefully washed myself with water and soft soap. As my hand still retained the putrefactive odor, I again washed with care, and proceeded about my business.

At this time the air was quite cold, and my arm was chilled, so as to have the appearance of "goose flesh," but it, and my hand were entirely exempt from any abrasion of the skin, or any eruption; but two days afterward, I discovered the arm to be plentifully covered with little pimples, which burned and smarted in a very unusual manner, but as yet, I had no suspicion of the true cause of them.

The next day these eruptions were enlarged and more painful, and I then recollected the exposure I had been subjected to, viewing the poison as an animal acidiform product, I applied cloths wet with moderately strong aqua ammonia, for the purpose of neutralizing the acid, and also of producing irritation upon the entire surface. The hartshorn remained applied until vesication was produced upon the apex of each eruptive point. Then I could see what appeared to be a dead gland, in the centre of each swelling, the glands ranging from the size of a mustard seed to that of a pea. I now wrapped my arm in ice-cold water, in which the acetate of lead had been dissolved, to the point of saturation, and changed the applications every hour or two, or as often as the cloths became warm.

Seeing that this course of treatment did not arrest the disease, I took Seidlitz Powders until they produced free catharsis; I then consulted with several members of the profession, who advised nothing in the way of treatment, and spoke in no very encouraging terms in regard to the final result. The disease had now progressed eight days, and was affecting the general system somewhat, as was shown by a feeling of fretfulness, and general lassitude, and a want of appetite, and also by rigors, and a crawling sensation in the muscles, a general soreness and lameness throughout the system, but especially in the back; and an irritability of

the nervous system never before experienced; yet all this time there was no apparent inflammation of the lymphatics of the arm, or swelling of the axillary glands, as I had anticipated.

I now took blue pills with the Seidlitz powders, and drank freely of the infusion of the *Scutellaria Laterifolia*; and in place of the acetate of lead I dissolved the hydro chlorate of ammonia in the cold water, and kept my arm constantly enveloped in cloths wet in the solution, which were changed as often as they became warm. Whenever the arm became warm, or was allowed to remain uncovered for even a short time, it felt as a severe burn does when brought near a fire.

During all this time, although the weather was quite cold and raw even for March in Vermont, I kept almost constantly out of doors during the day time, and at night slept in a cold room with a window open, so as freely to admit the external atmosphere.

About the twelfth or thirteenth day, the arm, which up to this time had been very much swollen and hard, began to soften, and that day, and the next, I was able to press from the swellings where the pimples had first appeared, cores, from the size of a pea to that of a filbert. These cores had apparently sloughed from the surrounding tissue, and around many of them there was a considerable amount of ill-conditioned, yellowish, watery pus. The arm was much decomposed from the elbow to the wrist, and in many places the muscular tissue became broken down, so that pieces two or three inches in length, and as large in the middle as a lead pencil, could be pressed from the openings. As fast as a softened point was discovered, I opened the skin with a lancet, and pressed out the softened tissue and pus, allowing as little as possible to remain to be taken up by absorption.

Within six weeks from the attack, the arm was entirely healed, and during this time, there were but three or four pustular eruptions upon any portion of the surface, except the right arm below the elbow, and those healed readily after being punctured and having their contents pressed out. It was, however, several months, before the system fully recovered from the general effects of the poison, and I became able to endure my accustomed amount of labor.

During the course of the affection of my arm, I never was fully convinced that the salts dissolved in the water used in the dressings, was any advantage to it, but rather supposed all the comfort and benefit was derived from the coldness of the application, and the facility with which the electricity was carried away by the moisture.

The *Scutellaria Laterifolia*, which I used freely in infusion, during



the times when I suffered most, I *know* to have been a very good *nerve* and *tonic* in my case, but whether it acted in any manner to protect the system from the morbid poison received from the dead and decomposing animal, or from that generated in my own arm, it is not easy to decide. It has had a reputation, as a preventative of Hydrophobia, in those who had been bitten by a rabid dog, and whether it has acted solely upon the nervous system, or upon the general substance of the body, has never been determined,—neither does it seem of the greatest moment that the facts should be known, so long as it may be proved of benefit in one or other of those modes. In my case, however, I am of the opinion, that its beneficial effects were not confined solely to its effects upon the nerves. This plant is every way deserving the careful attention of the profession, which I would earnestly bespeak in its favor.

The above case has already been reported in brief, in a Journal which at that time had but a limited circulation, and is now presented, in a more full and extended manner to the readers of the Reporter, not on account of any intrinsic interest it may possess, but that the writer may learn the experience of others in regard to an accident to which all are constantly liable, but in which the profession seem not to have settled upon any uniform or definite course of medication.

WATERBURY, Vermont, Nov. 1852.

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## BIBLIOGRAPHICAL NOTICES.

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*On Syphilis, Constitutional and Hereditary, and on Syphilitic Eruptions.* By ERASMUS WILSON, F. R. S., Author of a "Treatise on Diseases of the Skin, &c.," with four colored Plates. Blanchard and Lea, Philadelphia, 1852.

WE have before us a book of 284 octavo pages, executed with a neatness, that is seldom surpassed by the American Medical Press. Its object is to simplify the subject of which it treats; a subject, familiarly known *by name* to all, but the peculiarities of which are faintly drawn in the minds of the general professional reader. The author designs to establish the fact that there is but one syphilitic poison, and one syphilitic eruption, and that the apparent differences in its appearance and character, are modifications of the disease, depending on time, treatment, and the temperament of the patient.

"I am fully convinced that there exists but one syphilitic poison, and that all the varieties of its manifestation, which are met with in practice are due to modifications in the poison itself, modifications having reference to concentration, assimilation, and susceptibility. It would not be reasonable to expect the same train of results from inoculation of the lymph secreted by a recent chancre, as from a poison which has passed through the blood of a contaminated person, been filtered through his tissues,

and is presented in a state of dilution in his secretions. In like manner, a person of nervous or sanguine temperament is more likely to be violently affected by the admission of a poison into his blood than one of lymphatic temperament. These modifications on the part of the giver and receiver may possibly explain some of the multifiform shapes in which syphilis is presented to our observation."

The result of the syphilitic poison is to produce an ulcer, by contact with the mucus membrane of a sound person, though it is believed that it will sometimes produce a purulent discharge as in an ordinary *Blenorrhœa* or *Gonorrhœa*; and cases are related, to prove that the constitutional symptoms of syphilis may follow such a discharge, with as much certainty, as they will a chancre. The indurated chancre of Hunter of which much has been written, is supposed to be the result of a constitutional taint, presenting in some cases, the only evidence of syphilitic poison in the blood.

The disease is considered with reference to its divisions into its primary and secondary manifestations, and the evolution of the poison upon the skin, in its various forms, with its peculiar local actions, its congenital and hereditary forms and treatment. The plates are illustrative of the eruption in its various modifications. We cannot fail to recommend the book to the favorable notice of the profession.

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*A Practical Treatise on Diseases of the Skin.* By J. MOORE NELIGAN, M. D., M. R. I. A., Honorary Fellow of the Society of Physicians of Sweden, &c. &c. Philadelphia, Blanchard and Lea.

Fourteen chapters, devoted to the consideration of a long catalogue of cutaneous diseases, with their pathology, treatment, &c., and the diseases of the appendages of the Skin, and their Therapeutics, make up the 326 pages of Dr. Neligan's Treatise. The condensed form of the volume, and the great number of prescriptions scattered through the body of the work, and the chapter on Therapeutics particularly, with a copious index, render it valuable for reference. We have not space to give more than this brief outline of the book. It is deposited, however, on our shelves, as a valuable addition to our library.

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*General Pathology, as Conducive to the Establishment of Rational Principles for the Diagnosis and Treatment of Disease.* A course of Lectures, delivered at St. Thomas's Hospital, during the Summer Session of 1850. By JOHN SIMON, F. R. S., one of the Surgical Staff of that Hospital, and officer of Health of the City of London. Philadelphia, Blanchard and Lea.

We feel very much like wanting more room than we have, to present a fair view of this book to our readers; for though it is small, there are to us some new views, which we should like to offer for the consideration of our brethren. We may however be able to give one or two extracts, that may induce a perusal of it. The relation of Pathology to Physiology is considered, and presented to the student, as an important basis for his future investigations; both are supposed to treat of the science of life; the one indicating the vital phenomena in health,

and the other in disease; but where the physiological condition ceases, and the pathological begins, is a question not clearly solved.

"Any attempted line of demarcation between physiology and pathology soon melts away; the healthy and delightful rush of blood to the surface of the body, as we emerge from the cold bath, depends on the same apparatus and the same adaptation, as determine the still greater glow—the painful redness and effusion of serum, when boiling water, or the poison of erysipelas, is the provocant; and if we were to proceed no farther in the subject, we should be prepared to modify the definition of disease with which we started, and to speak of pathology as the *study of life under abnormal exterior relations*.

Disease is described as "something more or less than health," sometimes of *exopathic* origin; and sometimes originating within the body, independently of external causation.

"And accordingly, while we may describe Pathology to consist in the *Science of Life under other conditions than those of ideal perfection*, we are obliged to reserve a doubt whether the imperfect conditions in question may universally be referred to *exterior causation*, or may partly be considered as *spontaneous tendencies*, inherent in the vital principle of the individual." \* \* \* \* \*

"We find that disease works according to laws definite, constant, invariable; we find in it no contradiction to the laws of life; on the contrary, that the latter, in their simplicity and comprehensiveness, include and account for it; that the power of adaptation to circumstances, the power of resistance to casualties, the power of repair after injury, would not be possible or conceivable attributes of the human body, except under conditions which impose the liability to disease. At every turn of the subject, and in every fresh illustration which new study reveals to us, we derive deeper and more steadfast convictions of the total absence of caprice, chance, or irregularity, even in the strangest influences of disease. We become habitual observers of that mystery which most of all tends to chasten and to elevate the mind—observers, namely, of the unbroken uniformity which prevails in the operation of Natural Laws."

With these brief references to the style and doctrines of the lecturer, we may simply state, that the volume before us, treating as it does of a subject, of deep interest to every practitioner of medicine, ought to have its place by the side of Wood, Watson, Elliotson and others, as it affords a pleasant and useful variety in the study of physiological science.

*The Physician's List, Diary, and Book of Engagements, for 1853.* Lindsay and Blakiston, Philadelphia.

WE have used the visiting list for 1852, and can speak from daily experience of its convenience and utility. An Almanac, Table of Doses, Poisons and their Antidotes, and a portion of the code of Ethics, form part of the arrangement, while a weekly table is prepared on each page for the visits of the practitioner; a margin being left for the names of patients. We have found sometimes in sickly seasons, that the page is not large enough to admit of a week's register, and would suggest to the publishers to increase its size, and also to furnish a character to designate obstetric visits.

*Books Received and to be noticed in next Number.*

*The Principles and Practice of Dental Surgery*; by CHAPIN A. HARRIS, M. D., D. D. S., Professor of the Principles and Practice of Dental Surgery in the Baltimore College; member of the American Medical

Association ; Author of Dictionary of Dental Science and Medical Terminology, &c., &c. Fifth Edition ; revised, modified, and greatly improved, with two hundred and thirty-six illustrations. Philadelphia, Lindsay and Blakiston, 1852.

Practical Treatise on Dental Medicine, being a compendium of Medical Science, as connected with the study of Dental Surgery : to which is appended an inquiry into the use of Chloroform, and other anæsthetic agents. Second Edition, revised, corrected and enlarged, by THOMAS E. BOND, A. M., M. D., Professor of Special Pathology and Therapeutics in the Baltimore College of Dental Surgery. Philadelphia, Lindsay and Blakiston, 1852.

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## EDITORIAL.

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### THE REPORTER, HAND IN HAND WITH QUACKERY.

Camden Affair. On page 361 Vol. v. No. x. of the Reporter, will be found the history of a "Case of Tetanus successfully treated, by S. Birdsell, M. D.," of Camden, N. J. The case occurred in March last. On the 24th of April, a brief notice of it appeared in the "American Banner," and we believe in some other public papers. On the 5th of May, a physician of Camden, wrote to the President of the New Jersey Medical Society, saying that he believed it to be the duty of the President, "as the conservator of professional etiquette," to advise against the insertion of the article in this Journal, because it had been noticed in a secular paper, and uncalled for reflections of an injurious nature were made upon another physician. Upon this suggestion being made to the President, he wrote to us on the 7th of the same month, enclosing the letter of his correspondent. We waited for, and finally received the article as it has been furnished to our readers ; but before inserting it in the Reporter, we wrote to Dr. B., informing him that we could not admit his essay, if the article in the Banner was written by himself. On the 4th of June, Dr. B. replied, that he was not the author of the notice referred to, but that he did not wish to press his essay upon us, if "in accordance with duty" we could not receive it. At the same time he referred to the Editors of the different papers, giving their names, &c., for a confirmation of his statement. Receiving this avowal from Dr. B., we published his case in July. On the 7th of October, the medical gentleman who first wrote to the President of the State Society addressed a letter to us, in which the following language is used, in reference to the New Jersey

Medical Reporter. "The Journal admitting him, when forewarned of the facts of the case, aids and abets charlatancy in the profession, and I, as a member of the profession cannot give my support to such a Journal."

We again wrote to this gentleman, that as he, or the President, had not stated anything from positive knowledge, and as Dr. B. had denied having written the article, we had no just grounds for refusing it. Again he wrote to us, and urged that certain questions be proposed to the editor of the Banner, and a direct answer to each be requested, stating that he had conversed with said editor, and was satisfied of the correctness of the charge made against Dr. B. In order to satisfy ourselves, we did so, and by letter from the editor of the Banner, dated Nov. 13th, learned the following facts. The patient, and the Doctor, were personal friends of the editor, and as the case had excited a great deal of interest in the community, Dr. B. was prevailed on, by the editor, to give a synopsis of it, while on a visit at his house, though not for the purpose of publication. "That Dr. Birdsell prepared the article for my paper, nothing can be more false." "I wrote the article myself, and Dr. B. never saw it, till he saw it in print." He further states, that "the Dr. presuming on an intimacy, that had existed for some time, did reflect on the skill of a *so-called* physician," by repeating some expressions of the patient himself; but that the language used in the notice, was his own, and not Dr. Birdsell's.

We regret to have been compelled to occupy so much space, on a matter of mere local interest, but the peculiar position in which we have been placed, is offered as our reason for doing so.

We do not say, whether in this thing we "aid and abet" charlatancy or not. We rely upon the good sense of the profession at large, to settle the question in their own minds; asking them to remember that the reference in the Banner, was a mere reporter's "crumb" without name, put in the "local department;" while that presented by us, was a full history of the case, under the signature of the attending physician.

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#### REPORTERS AND COMMITTEES.

We are requested by a correspondent to remind the county Reporters, of their duty, that they may prepare and forward their Reports, by the 1st of January next to G. P. Rex, M. D., of Reaville, who is Chairman of Standing Committee. There are also a number of Committees, which have been continued from last year, that need to be reminded of their duty. In the minutes of the Society, they occur in the following order.

1. To investigate the chemical action of the kidneys, &c. Joseph Parrish, S. W. Butler, D. B. Trimble.
2. To investigate the effects of blood-letting on the vital organs. A. Coles, L. A. Smith, A. N. Dougherty.
3. To investigate the action of mercurial preparations on the living animal tissues. J. B. Coleman, I. P. Coleman, J. Wolverton.
4. On indigenous plants of New Jersey. Q. Gibbon, J. H. Thompson, J. G. Goble.

We hope the suggestion of our correspondent, may be regarded by these committees. They will add to the cause of science, improve their own minds, and elevate the character of the profession by doing their duty.

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#### THE BRITISH AND FOREIGN MEDICO-CHIRURGICAL REVIEW.

This excellent work, re-published by the enterprising medical book publishers, S. S. & W. Wood, 261 Pearl street, New York, is a regular, and very welcome, quarterly visitor.

From the October number we learn that, commencing with January, there is to be a new feature in the work, in the shape of a limited number of original communications of a high order, on various subjects connected with medical science.

We know not to what an extent it is taken by our readers, but, we feel free to assure them that in the shape of medical literature they could hardly expend *three dollars* a year more profitably, than by subscribing to the *B. and F. Medico-Chirurgical Review*. Not a work appears on any branch of medical science, but is elaborately reviewed, and its strong or weak points presented in such a shape, that the reader acquires a very correct idea of the views of the author, without the expense and labor attending the purchase and perusal of the book itself. Reader—when you appropriate two dollars for the *Reporter*, do not forget to increase the appropriation by three, and include the *Review*, and we will guarantee that the five dollars will be the best investment you will make for the year. Try it, and see! \*

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#### CATALOGUES.

We have received from S. S. & W. Wood, 261 Pearl street, N. Y., an exceedingly valuable catalogue of medical books. Their collection is a very extensive and useful one, and is well worthy the attention of our readers. This plan of issuing catalogues separately, is much better than



that practiced by some publishers of disfiguring their books and journals by attaching it to them. In our opinion, it is a great objection to a work, to find that not a small part of it is a mere catalogue of books for sale by the publisher. One book now before us, recently published, contains 278 pages of matter, 32 of them being advertisements and notices of various books. In a journal containing 351 pages of reading matter, 58 of them are catalogues of books and advertisements.

Another contains 151 pages of printed matter, 84 of which are catalogues and advertisements ! \*

#### PROCEEDINGS OF MEDICAL SOCIETIES.

The Semi-Annual Meeting of the Cumberland County Medical Society was held at Bridgeton, October 25th, 1852.

An extended report from the delegates to the American Medical Association was read. The Society, after a vote of thanks to the delegates, for the time and care bestowed upon the report, ordered it to be placed upon file.

Dr. Ludlam, of Deerfield, read a report of three cases of disease, marked by the peculiarity of being pulseless. In two of them, this condition existed for more than a month.

Upon calling the roll for a report upon Epidemics, there appeared to have been an unusual dearth of this form of disease, since the last meeting, except in one section of the county, where Dysentery prevailed.

Dr. Porter made a report of the Small Pox, as it prevailed in the County Alms-House. The treatment was generally simple and expectant, and the efficacy of vaccination was tested in several instances.

Dr. Bowen cited cases of interesting experiments made with vaccination, at its first introduction.

Dr. Elmer related a surgical case under his care, caused by the falling of an iron plate of several tons weight, in which the pubic and sacro-iliac symphyses were disturbed, and the bladder injured.

J. B. P., *Secretary.*

*National Pharmaceutical Convention.*—Thirteen years ago, the American Society of Dental Surgeons was formed, with evident advantage to the interests of that useful branch of medical science. Five years since that great institution, the American Medical Association sprang into existence, and has already done much, and we firmly believe is destined to accomplish more for the advancement of the science of Medicine. And we have now the pleasure of announcing the formation of a National Pharmaceutical Association. The initiatory steps towards its formation were taken at a meeting of Pharmaceutists, held in the City of New York, on the 15th of October, 1851. That meeting called by resolution, another, to meet in Philadelphia, on the first Wednesday in October, 1852, the result of which has been the formation of the Association, whose published proceedings now lie on our table. A variety of useful

and interesting business was transacted, giving promise of accomplishing much for the interests of pharmaceutical science. The principal topics discussed were,—1, The formation of the Association, together with the adoption of a Constitution and Code of Ethics,—2, Pharmaceutical Education,—3, Secret or quack medicines,—4, inspection of imported and manufactured or prepared drugs,—7, the indiscriminate sale of Poisons,—8, the separation of Pharmacy from the practice of medicine. These various subjects were ably discussed, and on many of them committees were appointed to report at the next meeting, which will be held in Boston, on the fourth Wednesday, (24th) of August, 1853. \*

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MISCELLANY.

In the October number of the *North Western Medical and Surgical Journal*, Dr. N. S. Davis, reports a case in which the small intestine was ruptured in the left inguinal region, by blows from a man's foot on the parieties of the abdomen, leaving *no external mark by which such a result could have been anticipated*. Death followed the injury received, in a little more than forty-eight hours. This case is interesting in a medico-legal point of view. A similar case of laceration of the Colon, from the same cause, is reported by M. Morineau in the *Revue Médicale*, and copied into the B. and F. Medico-Chirurgical Review.

In an article in the *London Medical Times and Gazette*, a writer speaks very highly of the *Chlorate of Potash* in the treatment of croup. Case: "J. P., three years; croup. This child was leeches, and treated with calomel, salines, and ipecacuanha. After these remedies, the chlorate of potash was employed, and the change in his breathing, and the hue of his countenance, was most marked after the first dose." The theory is that the chlorate of potash is decomposed, supplying oxygen to the system.

Dr. Vattier, State Senator from Hamilton County, Ohio, proposes to advocate in the next session of the Legislature of that State, the passage of a law requiring that "each vender of patent medicine, nostrum or specific, shall be compelled to place a printed label in English, upon the outside wrapper, setting forth the composition of the contained remedy." Are there no physicians, members of our State Legislature, who, consider this matter important enough to bring it before that body? The passage of such a law, would unquestionably be an effectual blow at the very root of a gigantic evil in the community.

The *Medical News* for October, contains the report of a Committee appointed by the Pennsylvania Medical Society, to take into consideration the new views on the protective power of vaccination, recently promulgated by Drs. Gregory of London, and Cazenave of Paris. The result of the investigation was to satisfy the committee that those views were based upon erroneous grounds, and they regret that such statements have been put forth at a time when vaccination is so much neglected, and when efforts are being made to re-establish its protective

power. The Committee presents an abstract of statements, made by a committee of the Epidemiological Society of London, through its Chairman, Mr. Grainger, showing conclusively the general efficacy attending vaccination when properly executed.

New buildings are about to be erected for the New York Hospital. Plans are advertised for.

Dr. R. L. Howard, of Columbus, Ohio, has established an Institution for the treatment of chronic diseases. The institution is in a portion of the Starling Medical College building, which has been elegantly furnished, and provided with every convenience in the way of baths, &c. This we think is an excellent move, and we trust it will attract the attention of the profession in other places. \*

#### OBITUARY NOTICES.

**DEATH OF DR. EDWIN A. HEINTZELMAN.**—The sudden removal of Dr. Heintzelman, and the circumstances of his death, have cast a gloom over the community in which he lived, such as is seldom experienced. On the morning of the 12th of the present month, he left home with his student, to spend a few hours on an island in the Delaware, to indulge in shooting. In the afternoon, whilst preparing to return, he received a heavy charge from a gun, held by his own hand, which penetrated his abdomen, just below the umbilicus, passing upwards and entering some of the larger vessels, and completely destroying the pyloric orifice of the stomach. He spoke but a few words, sank down to the floor of the boat, in which he stood, and died almost instantly. Dr. Heintzelman was born in Philadelphia, on the 30th of October, 1827. After his scholastic course, he determined to study medicine; and entered the Medical Department of Pennsylvania College, on the 3d of November, 1845, and received the degree of the Doctorate, March 9th, 1849. It is said of him, by those who watched his career as a student, that during the whole period of the three courses, which he attended, his conduct was exemplary, and that at the final examination, he exhibited a "thorough knowledge" of the branches of instruction, embraced in a complete medical education. Soon after he graduated, he located in Columbus, New Jersey, where he soon became favorably known, and rapidly secured the confidence and affection of a large portion of the people. His was a short, but useful career; had he lived, he would probably in time, have occupied a prominent position in the medical community; but it has been ordered otherwise, and he is stricken down at the age of twenty-five, leaving a young widow and infant daughter, and a large circle of attached and afflicted friends. How true, that "in the midst of life we are in death."

**JAMES BRUYN ELMENDORF, M. D.**

*Published by order of the Somerset Medical Society.*

It has become my duty to record the decease of a physician and a friend. Dr. James Bruyn Elmendorf, died at his residence near Mill-

stone, on the first of September, 1852. While we deplore his loss, and express our sympathy with his afflicted family, we mourn not without hope. He lived and died a Christian.

Dr. Elmendorf was born in Somerset County, in the year 1788. He graduated from the College of New Jersey in 1807, after which he pursued the study of medicine with Dr. Charles Smith, of New Brunswick, for about two years. While attending lectures in Philadelphia, he became a pupil of Dr. Benjamin Rush, of whom he ever afterward spoke with admiration and affection. His diploma from the University of Pennsylvania, bears date 1813; after which, locating in Somerville, he practiced for a number of years in connection with Dr. Peter S. Stryker. Removing from Somerville, he practiced in Philadelphia, for about three years, soon after which, he retired to his farm near Millstone, and devoted the remainder of his life chiefly to agricultural pursuits.

As a man and a physician, Dr. Elmendorf was possessed of agreeable qualities, which made him beloved by all who knew him. His generous nature and gentlemanly bearing, ever kept him above the petty rivalry and jealousies, which too often disgrace the Medical Profession. As a Medical man it is not in my power to speak as particularly of Dr. Elmendorf, as I could desire. He had, to a great degree, ceased practice prior to my acquaintance with him. But taking the uniform esteem of his former patients as my guide, I cannot doubt that he was both untiring and successful in his efforts for their welfare. His dignified manner and extensive acquaintance, ever commanded the respect of his fellow physicians; while as a citizen and a neighbor, he has not left behind him an enemy or an evil wisher.

*Post Mortem Examination.* Reported by H. F. VANDERVEER, M. D.

An examination of the body of Dr. Elmendorf was made, with a view of better ascertaining the causes of his death. Believing that the appearances exhibited, possess some medical interest, I will describe them, premising a sketch of the ante-mortem symptoms.

For five or six years previous to his death, the Doctor experienced pain of a severe character in his left hip. It was believed to be of rheumatic origin, with which view remedies were tried, without any very decided result. Partial relief was followed by still more severe paroxysms, and inconvenient lameness of the limb succeeded. After about three years the pain became more sharp and lancinating in its character, and numbness and tingling of the limb, especially in the course of the ischiatic nerve occurred. The case was now looked upon as neuralgia, and treatment was adopted accordingly. The neuralgia, however, appeared as obstinate as the preceding rheumatism had been, and little benefit was obtained, except from anodynes. This was the Dr's condition, during the spring of 1851. Notwithstanding the remedies, a variety of which were tried, the pain continued and was even increased in severity and duration. During the latter part of same year, pain began to be felt throughout the left side of the pelvis, especially about the anus and rectum. By this time, almost every remedy for neuralgia had proved

unavailing, which fact, with the severe suffering of the patient, gave the case a serious aspect. The anxiety of the Dr. and his friends was not diminished, when, during February, 1852, a tumor was discovered occupying the centre of the gluteal region. This tumor was deep-seated, pulsating, and, on auscultation, yielded a thrill similar to that of aneurism. Much obscurity prevailed as to its nature; extirpation seemed out of the question, and resolvent and mild antiphlogistic measures were adopted. During the summer, the tumor seemed to diminish in size, but without relief to any of the symptoms. From the time of the tumour's appearance, the Dr's. strength failed rapidly, and it became evident that he could not sustain his sufferings much longer. Emaciated and worn down by the severity of the disease, his death was hastened by an attack of mucus diarrhoea, which supervened, during the latter part of August.

*Post Mortem.* No tumor was perceptible externally after death. Incisions were made, exposing the gluteal region. The gluteus maximus was dissected up and turned over, and the gluteus medius was partially removed, when part of the latter muscle was seen to be invaded by heterologous deposit. The mass was dark colored, friable, and abounding in coagulated blood. It protruded from the sacro-sciatic notch. Dissection of the tumour was difficult, on account of its extreme softness. It was extensively attached to the sacrum and ilium, and on its removal the bone exhibited erosion at the points of contact, leaving a rough surface abounding with spiculae of bone. The sacro-iliac articulation was so far destroyed by this invasion, that it was easily separated with a scalpel. The greater part of the left side of the pelvis was occupied by the tumor. The whole of the diseased substance could not be removed through the opening, nor the exact state of the pelvic viscera ascertained. The nerves of the sacral plexus were dissected from the tumor in which they were involved. Though bones had been eroded, the nerves with their sheaths were untouched, nor was any pathological change observed in them.

*Remarks.*—The tumor was regarded as Encephaloid in its character. The apparent diminution in its size, which occurred during the last few weeks of life, was doubtless owing to the softening of the tumor, and destruction of the pelvic bones. From the protracted duration of the case, it would seem probable, that the disease commenced as a benign tumor and degenerated.

SOMERVILLE, N. J., November 19, 1852.

DEATH OF JAMES PAUL, M. D.—Dr. Paul, so favorably known by the profession of New Jersey, died at his residence, at Trenton, on the 12th of last month, aged 54 years. Dr. Paul was a native of Edinburgh, Scotland, and completed in his native city, the course of academical and professional study, which fitted him for the active duties of after life: the principal sphere of which was at Kingston, on the Island of Jamaica. He pursued his profession there for about twenty years, and then removed to the United States, hoping to derive benefit from our more favorable climate. He lived in Canandaigua, N. Y., for five years; spent the winter of 1847-8 in Philadelphia, and then took up his residence in Trenton,

He soon became connected with the County Medical Society of Mercer, and with the State Medical Society, of which he was the first Vice President at the time of his death. His contributions to the medical literature of the State, are well known to those who are interested in sustaining it. His report, read at the last annual meeting, as Chairman of the Standing Committee, is elaborate, and gives ample evidence of his diligence and fidelity. He has also contributed, essays on the "food and the teeth," on the "secreting function of the Colon," "statistics of Births and Deaths in the State of New Jersey, for 1850," which were collected from the official documents, "medicinal, disinfecting, and dietetic properties of coffee," with a history of the Asiatic Cholera, as it prevailed in the Island of Jamaica in 1850. These with numerous minor contributions, have identified his name and abilities with the interest of the profession in this State, which we trust may be long cherished. His mild and retiring deportment, and his character for Christian simplicity, adorned his professional life and commanded the respect of all.

**DEATH OF DR. DANIEL DRAKE.**—We regret to announce the decease of this veteran of the profession, who died in Cincinnati, on the 6th of November. Dr. Drake was a native of New Jersey, but early removed to Cincinnati, having become a resident of that city twelve years after it was founded. He was the originator of the Ohio Medical College, and, at the time of his decease was Professor of the Practice of Medicine in that Institution. He had but recently brought to a close the second volume of his great work, the *Medical Topography of the Mississippi Valley*. This was his crowning literary effort, and will stand as an enduring monument to his indefatigable industry. In carrying on this work, he has, during the last thirty years travelled, from time to time, over almost every portion of the Mississippi Valley, in search of facts, Geological, Meteorological, Botanic and Climatic. For most of the facts embodied above we are indebted to the public journals. Will not some of our Cincinnati readers furnish us with a biographical sketch of this distinguished son of New Jersey? \*

The death of Dr. BUCKNER, Sen., editor of the *Repertorium für Pharmacie*, is announced in the *British and Foreign Medico-Chirurgical Review*. "He was another example of the ruling passion strong in death. Making some movement just before the fatal event, one of his friends asked the cause. 'I am thinking,' he replied. 'Of what?' 'Materia medica'." \*

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## ECLECTIC AND SUMMARY DEPARTMENT.

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*On the Treatment of Facial Neuralgia*—M. CAZENAVE informs us (*Revue Médico-Chirurgicale*), that he has had marked success in removing



the pains of hemicrania and facial neuralgia by means of the following pomade:—

Pure Chloroform, dr. iv.

Cyanide of potassium, dr. iijss.

Axunge, oz. iij.

Wax sufficient to give consistence.

M. Cazenave professes to have tried the cyanide of potassium alone, without any benefit, and therefore concludes that it is this particular combination which is so valuable. The mode of using it is to rub of the ointment, the size of a pigeon's egg, into the scalp, after which the head is to be covered with an oiled-silk cap. The inunction is to be repeated according to circumstances. In facial neuralgia it is rubbed in over the affected nerve.—*Prov. Med. and Surg. Journal, from Western Lancet.*

*Case of "Internal Derangement of the Knee Joint."*—By G. H. H. The injury known by the above name, as well as by that of "*partial dislocation of the semi-lunar cartilages*," has received from medical writers but a small share of the attention it deserves. It was first described by the first William Hey, of Leeds, afterwards by Sir Astley Cooper, and was noticed by a few systematic writers twenty years since, but latterly has been passed by, either without notice, or with a few casual and indefinite remarks; yet it is an incident of frequent occurrence, apt to be overlooked and maltreated, or neglected. A clinical lecture on this subject, by Mr. Smith of Leeds, who looks at the injury as it occurs in general practice, and shows the liability we are under to mistake its nature, may be found in the 24th No. of Braithwaite's Retrospect, (copied from the *Lancet*.) Mr. S. shows that Mr. Samuel Hey, an excellent surgeon, overlooked, for ten days, an injury of this character, which he then cured immediately by making "*forced flexion*."

A perusal of this lecture brings to mind several cases of this injury which have come under my own observation, the best marked example of which I send for publication.

Aug. 24, 1851. Was summoned to see a lad about sixteen years of age, who the messenger said, had hurt his knee. I was informed that about 5 A. M., by some accidental step, he had slightly injured the left knee; he immediately discovered he could not perfectly straighten the limb; from a slight limp his lameness increased so rapidly that in a few minutes he became unable to support himself, or to move the joint; in this condition he was assisted into a wagon and conveyed twenty miles, where he was left to recover by rest from what was considered a slight sprain. I saw him at 12 M.; the pain which, on his arrival at 8 A. M., was very tolerable when in a state of rest, had increased to perfect agony, rendered worse by the slightest jar or motion of the limb; he was sitting in a chair, begging not to be moved—his pallid countenance, cold perspiration, and feeble pulse attested strongly the intensity of his distress, and, taken in connection with the history of the case and the absence of any visible lesion of the joint, pointed conclusively to the nature of the injury. In spite of his protestations and supplications he was lifted and

laid on his right side; then taking his left ankle with my right hand and making a fulcrum of my left in the popliteal space, I flexed the limb so as to bring the heel to the buttock and then brought it perfectly straight; the first time it had been perfectly straightened since the injury. He made bitter complaint of severe usage, but, at my request, got off the bed, stood on both feet, and walked to a chair without assistance; was ordered to remain quiet and bathe the knee with an anodyne embrocation. At my visit at 7, P. M., he was walking about the house, free from pain and but slightly lame. Since then I have not seen or heard from him.

This case differed from others seen before only in the great physical depression rarely seen from any cause. Strong flexion, with a sufficient fulcrum, will, I think, always liberate the cartilage from the unnatural position which causes the pain and lameness. But, as extension by the muscles of the thigh alone might not be the safest in all cases, after such forced flexion it is always best to forcibly extend the limb before removing the fulcrum from behind the knee. I have seen several cases of permanently lame knees which I doubt not were originally of this character, but from neglect became incurable; others, more fortunate, have been cured by accidental slip, causing forced flexion.—*N. H. Jour. of Med.*

*The Salivary Glands.*—M. CHARLES BERNARD, the well-known French physiologist and anatomist, after a long and careful study of the salivary glands, has discovered, that each of the three common to most mammals, furnishes a different secretion. The saliva from the sublingual gland is viscous and adhesive, incapable of penetrating substances, but admirably adapted to cover their surface with a viscid coating which much facilitates their being swallowed. On the contrary, that from the parotid gland, is thin and watery, easily penetrates substances submitted to its action, and thus assists their assimilation. The saliva from the submaxillary gland partakes of the nature of both the others.

The verification of these facts was established by macerating portions of the membrane in water (as well as by actual experiment on living subjects), the liquid in which the membranes were soaked presenting the same character as that of the secretions. M. Bernard considers the secretion from the parotid gland as especially designed to assist mastication, more particularly as its amount varies according to the nature of the food masticated. The parotid glands of a horse fed on perfectly dry food, secrete a greater quantity than when the food of the same animal is moistened, or is of a succulent character. Similar results have been furnished by experiments on dogs and rabbits. It is likewise an extraordinary fact, that this gland will secrete, in the course of one hour, saliva, weighing ten times the weight of its own tissue;—a wonderful example of the rapidity with which that secretion can be separated from the blood under certain circumstances, and proving the fallacy of drawing any conclusion from the quantity secreted within a given time. The sublingual gland remains inert during the process of mastication, but as soon as deglutition commences it begins to act, and envelops, or rather lubricates the macerated substance with its viscid secretion, facilitating its passage

to the stomach. The office of the submaxillary gland has much to do with the sense of taste, its secretion diluting and diminishing the pungency of sapid substances, and at the same time decreasing their power of cohesion. These glands are identical in texture, although so different in their secretions. "Each gland," says M. Bernard, "having a special act, its function is exercised under separate and independent influences. Notwithstanding the discharging into, and the mixture of their secretions in the mouth, their use remains distinct."—*Boston Med. and Surg. Jour.*

*Professional Aphorisms.*—The talented editor of *L' Union Medicale*, lately gave a few extremely apposite and amusing professional aphorisms, in one of his clever *feuilletons*. We shall just extract a few :

1. Life is short, the making of a practice difficult, and professional brotherhood deceptive.
2. A man's practice may be compared to a field, on which *tact* acts as manure.
3. A medical practice may be likened to a flannel waistcoat—neither can be left one moment without risk.
4. The practitioner who is often absent runs the same danger as the lover, for both may find themselves supplanted on their return.
5. Take great care of your first patients, ye beginners, for these are the seed from which your practice is to spring.
6. When a medical man wishes to get rid of a troublesome patient he need but send in his bill.
7. The practitioner who expects his reward from the gratitude of his patients, may be likened to the countryman who waited, in order to cross the river, until the waters had done flowing.
8. To ask an exorbitant fee always redounds to the disgrace of the profession. A wealthy patient who was asked an enormous sum by a surgeon, after an operation, answered, "You ought to have said at first, your money or your life."
9. When the blind credulity of the public in medical matters is considered, one does not wonder that there are so many quacks and impostors, but on the contrary, that there are still so many upright medical men.
10. Consultations are either very useful or very dangerous, just as the medical attendant knows how to manage. It is foolish to have recourse to them too often, and still more foolish to reject them altogether. Don't wait until the friends of the patient ask for a consultation; but don't talk of a consultation if you think the result will be favorable.
11. It is not an easy task to come out of a consultation without being a little lowered in the estimation of the patient and his friends,—the more so as there are physicians and surgeons who, with the utmost urbanity, throw out perfidiously, concealed hints, which the practitioner should immediately take up, and boldly insist upon a clear statement.
12. A consultation is often a note of hand drawn by the usual attendant upon the patient, for the benefit of the physician called in to give his opinion.

—*Ohio Med. and Surg. Journal.*

In the *October* number of the *Medical Times*, Dr. Charles H. Stillman of Plainfield, in this State, highly recommends creosote for its antiseptic qualities.

"Mrs. R., a lady residing in this place, died of puerperal peritonitis,

a disease in which you are aware, decomposition often makes extensive progress before death. Soon after her decease, I opened the thorax by a small incision, and injected with a common syringe, 2 oz. creosote, diluted with eight of alcohol, into the aorta. Decomposition was thus not only arrested, but seemed to retrograde, the tumefaction diminishing, and although the body remained unburied a week in warm weather, and was taken at that time to the southern part of this State, nearly one hundred and fifty miles, a large portion of the distance by private conveyance, I was assured by the undertaker and friends who accompanied her remains, that not the slightest change was perceptible in her appearance, nor the least odor of decomposition when committed at last to the earth."

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*Chloroform as a Remedy for Rheumatism.* By PETER W. MARTIN, M. D., of Nashville, Tenn.—PROF. BOWLING:—You know that acute Rheumatism is the evil genius of myself and family. Last summer my son, Schuyler W. Martin, Esq., was severely attacked with Rheumatism. I applied Chloroform to the affected limb, rubbing on well for 30 minutes. It gave him immediate relief. He has had no symptoms of the disease since, having a few months previous been confined eight weeks. At the time I used it in his case, his little sister had been confined for four weeks, never having turned in her bed without assistance. Seeing the relief given to my son, I had her extremities well bathed and rubbed with chloroform for 30 or 40 minutes. She went to sleep and slept soundly for 10 hours, not having slept more than one hour at a time previous to the application. I gave her no other medication, only using chloroform when the pain returned. In a week she was going about the room, and has had no return of the disease since. I have used it on my own person in the same way with the same result; also, several other persons. I have applied it in one case of Facial Neuralgia, of long standing, with the happiest effect. The Chloroform should be rubbed on with the hand until the object is effected, (pain removed).—*Nashville Journal.*

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*New Method of Treating Still-born Children.* By T. WOOD, M. D., of Cincinnati, Ohio.—Mrs. C——— was brought to bed in her first confinement, and had a very protracted and tedious labor, from a rigid and unyielding vulva. The child on delivery was in a state of syncope, so profound as to leave but little hopes for restoration to life. Full five minutes had been lost in fruitless efforts to excite breathing, and the only sign of life in the child was a slight convulsive effort while its lower limbs were yet in the vagina, after which it lay flacid, ex-sanguineous, and in appearance dead. Cold air, cold water, and brandy had been thrown on its chest without producing the slightest effect, and I was about to inflate its lungs, when I noticed that the vessels of the cord were much distended with blood, and a very feeble pulsation in its arteries. Finding this condition of the cord, suggested the idea that, perhaps, if the blood it contained could be forced into the circulation of the child, it might afford the required stimulation. Instantly acting on the

suggestion, I took the cord between my thumb and fingers, and drew its whole length between them, so as to force the blood into the child, when it immediately cried lustily, and animation was completely restored. It had no more difficulty in beginning life, and is now doing well.

I report this case under the impression that this mode of treatment is original.

Since having the above case, I tried the same treatment in a child that was delivered by a long labor embarrassed by convulsions.—Animation was at once restored on forcing the blood from the cord into the circulation of the child, but there was not, previous to resorting to this means, such complete prostration of the child as in the first case, and though effectual, the result was not so striking.

My friend, Dr. A. M. Slocum, informs me that since I related my case to him, he has tried it in a similar prostration of the child, with the same happy result.—*Western Lancet*.

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*Allopathy.*—Allopathy—What is it? We do not know—nor do we intend to learn. Let the pathys bury the pathys, or live by pathicism, if there be such a thing. The profession of medicine has stood a great deal of thieving in its time, without being materially deteriorated by the operation. Granite columns are but polished the brighter by the sand which the idle and ignorant throw upon them, though done with a view to blacken and deface.

But a friend enquires of us, “seriously, what is Allopathy?” Well, to be serious. In this age, quackery, which had waged a ceaseless war upon medicine without much profit to itself or injury to its enemy, determined to reverse the old maxim of “divide and conquer”—or rather, as it could not divide the enemy, it determined to divide itself. The various marauding parties into which it was divided having surrounded the Æsculapian camp, would each plunge in, as opportunity presented, and, seizing whatever they could grab, hurry off as fast as their legs could carry them. As the *pathway* to the public plunder was beset with dangers and difficulties, the plunder itself was in time designated as *path* or its diminutive *pathy*, as indicating its value from the difficulty of procuring it. That the stealage of each party might be kept separate, each attached a prefix to his *pathy* or plunder, and to keep it distinct from the petit larceny of the vulgar, dictionaries were consulted that these prefixes might smack of learning—hence, hydro, homœ, &c. Still the great bulk remained, despite the depredation of the marauders, seemingly undiminished. To this they would refer as the big *pathy*, or, to express their own contempt of what little they had got in comparison, **ALL of THE PATHY!** This has now been contracted into *allopathy*. We might have exhibited more learning by the aid of dictionaries, (having learned how to find the words) in our history of Pathicism, but all history should be so plain that a “wayfaring man, though a fool, could not err therein.”—*Nashville Journal*.

*Fracture of the Os Brachii at the insertion of the Deltoid Muscle, in a Colored Preacher while in the Act of Gesticulating.* By W. PARKER, M. D.—I was called in consultation with Dr. Sargent, in July, 1844, in the case of Mr. R. Jackson, a colored minister of the Methodist denomination who was suffering from a fracture of his right arm. He was of a stout build, very muscular and well developed, thirty-eight years old, having no hereditary predispositions and had never previously suffered a fracture of any of his limbs. There was no circumstance connected with his history giving evidence of unnatural fragility of his bones. The accident occurred while engaged warmly in an exhortation in a religious meeting, and upon making a violent gesticulation. On examination, the right humerus was found broken at the attachment of the deltoid. Union took place in the usual time.—*N. Y. Journal of Medicine.*

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*American Medical Association.*—The Sixth Annual Meeting of this Association will be held at the City of New York, on Tuesday, May 3d, 1853.

The Secretaries of all Societies, and other bodies entitled to representation in this Association, are requested to forward to the undersigned a correct list of their respective delegations as soon as they may be appointed; and it is desired by the Committee of Arrangements that these appointments be made at as early a period as possible.

The following is an extract from Article II. of the Constitution:

"Each local society shall have the privilege of sending to the Association one delegate for every ten of its regular resident members, and one for each additional fraction of more than half this number. The faculty of every regularly constituted medical college or chartered school of medicine shall have the privilege of sending two delegates. The professional staff of every chartered or municipal hospital containing a hundred inmates or more, shall have the privilege of sending two delegates; and every other permanently organized medical institution of good standing shall have the privilege of sending one delegate."

EDWARD L. BEADLE,

*One of the Secretaries of the Am. Med. Assoc.*

42 Bleecker street, New York.

The medical press of the United States is respectfully requested to copy the above.